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Judge denies request for new trial for Lisa Holland

Defense: She was tried on character evidence

By Kevin Grasha
Lansing State Journal

Published February 22, 2007

A jury's decision to convict Lisa Holland of murder will stand, a judge ruled Wednesday.

"The verdict in this matter was based on consideration of the evidence and testimony," Ingham County Circuit Judge Paula Manderfield said in denying a request for a new trial.

Holland's attorney, Andrew Abood, had filed a motion, saying in part, his client was tried on character evidence that should not have been admitted, instead of whether she had committed a crime.

Assistant Prosecutor Mike Ferency argued that Manderfield should not act as a 13th juror and intervene. "This jury took this case very seriously, and we should give great weight to ... their verdict," he said.

Lisa Holland was convicted last year of murder in the death of her 7-year-old adopted son, Ricky. She is serving a mandatory life sentence and is not eligible for parole. Tim Holland, who has filed for divorce, was sentenced to 30 to 60 years in prison. He pleaded guilty to second-degree murder and testified against Lisa.

Ricky was reported missing from his Williamston home on July 2, 2005, but testimony during Lisa Holland's six-week trial revealed he died the previous evening. He likely succumbed to a head injury inflicted about a week before he died, when Lisa Holland hit him with a tack hammer.

Abood said authorities could not prove a cause of death, and no expert witness could say how Ricky died. He also argued that evidence from school officials in Jackson should not have been admitted because it had nothing to do with how the boy died. After the hearing, Abood said if the case had been tried solely on Tim Holland's varying statements as well as the testimony of two jail inmates, who claimed Lisa Holland confessed, "I think the verdict would have been different."

Contact Kevin Grasha at 267-1347 or kgrasha@lsj.com.



No new trial for Ricky's mom

February 22, 2007

LANSING -- An Ingham County judge on Wednesday denied a motion for a new trial made on behalf of Lisa Holland, who is serving a life sentence in the death of her 7-year-old adopted son, Ricky.

Holland's attorney filed an appeal stating that the trial was the prosecution of her as a person, and not about whether she had committed a crime.

Ingham County Circuit Judge Paula Manderfield denied the motion, the Lansing State Journal reported on its Web site Wednesday.

By the Associated Press

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February 22, 2007

Ricky's mom denied a new trial

Associated Press

LANSING -- An Ingham County judge Wednesday denied a motion for a new trial made on behalf of a woman convicted of killing her 7-year-old adopted son.

Lisa Holland is serving a life sentence in the death of Ricky Holland of Williamston. Lisa Holland's attorney filed an appeal stating that the trial was the prosecution of her as a person, and not about whether she had committed a crime.

Ingham County Circuit Judge Paula Manderfield denied the motion, the Lansing State Journal reported on its Web page Wednesday.

Lisa Holland was found guilty of murder in October.

Her husband, Tim Holland, was sentenced to between 30 and 60 years in prison after he pleaded guilty to second-degree murder and testified against his wife.

Ricky Holland was reported missing July 2, 2005, but testimony during the trial revealed he had died a day earlier. Experts said he likely succumbed to a severe head injury inflicted about a week before he died.

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Published February 22, 2007

Police ID more kids possibly abused

Authorities interviewing more from day care Friday

By Kevin Grasha and Hugh Leach
Lansing State Journal

Police say they have identified more children who may have been sexually assaulted by a Lansing man already accused of molesting at least two girls at a home day care run by his wife.

What's next

- A preliminary hearing for Robin Terence Wood is scheduled for March 1 in 54A District Court. The 59-year-old Lansing man is charged with six counts of criminal sexual conduct. The hearing determines if the case advances to trial.

Who to contact

- Anyone whose child attended Mary's Quality Daycare in Lansing and who has concerns about possible abuse should call Lansing police Detective Elizabeth Bonello at 272-7481.

The children are expected to be interviewed Friday, police said.

Robin Terence Wood of Lansing is accused of molesting a 4-year-old girl and a 5-year-old girl who attended Mary's Quality Daycare at 5015 Kessler Drive. A total of five children already interviewed by police have claimed something happened to them at the day care.

Wood, 59, is charged with six counts of criminal sexual conduct and faces up to life in prison if convicted. He is free on bond.

Contacted by telephone Wednesday, Wood said he could not comment on the case.

"This is going to be tried in court, not in the newspaper," he said.

Wood has no previous criminal history and is not listed as a sex offender, according to state records.

Wood's attorney, John Frawley, said his client has maintained his innocence.

"I see no reason to do anything but presume him innocent," Frawley said.

"It will be a long time before we get a good grip on what did or did not occur."

Police closed the day care Jan. 19 after a parent notified workers at the state Department of Human Services about possible crimes. Mary Wood's state license has been revoked.

Several people contacted the State Journal on Wednesday, to say Mary Wood ran an exceptional program. She had operated a day care at the home since the 1980s. Robin Wood is retired.

Laurie Keener of St. Johns said the Woods helped her granddaughter, who has emotional problems, overcome her fears. Keener's granddaughter attended the day care for 2 1/2 years, until

it closed.

"They have done nothing but good," Keener said. "People need to keep an open mind until all the facts are out."

Contact Kevin Grasha at 267-1347 or kgrasha@lsj.com. Contact Hugh Leach at 377-1119 or hleach@lsj.com.

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Daycare Sexual Abuse Has Parents Horrified

Feb 21, 2007 04:24 PM EST



Alleged abuse at a Lansing daycare has police fielding phone calls. Parents are worried their children could be victims. For nearly thirty years, dozens of parents have trusted Mary's Quality Daycare, but many are questioning if their children were sexually abused by the man who lives here.

Detective Elizabeth Bonello: "They're concerned and they want to know more details."

Robin Wood is charged with six counts of criminal sexual conduct for inappropriately touching two young girls. Now police say Mary Wood's former customers are calling them.

Detective Elizabeth Bonello: "They're asking me questions like, what should I be looking for, how should I be approaching my children about this, what types of questions should I be asking?"

Detective Elizabeth Bonello is the lead investigator on the case. She's fielding all of the calls from concerned parents. She says, so far, the calls have resulted in three more possible victims.

Detective Elizabeth Bonello: "In this case, one of the strengths is that there are multiple victims who have come forward."

Bonello says she'll be interviewing more children this week. She says she uses special techniques to determine if their stories are true.

Detective Elizabeth Bonello: "I basically take a child's statement and pick it apart, sentence by sentence, and look to see if I can build credibility by proving that the things that the child said is, are true."

And if Bonella finds any of the stories credible, Robin Wood could be facing more charges in the weeks to come. If you think your child may have been a victim of abuse at Mary's Quality Daycare," call Detective Elizabeth Bonello at (517) 272-7481.



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Molestation alleged

Thursday, February 22, 2007

ALLEGAN -- A day-care operator's husband, accused of molesting a 5-year-old girl at an Allegan Township day care, Wednesday was ordered to stand trial for sexual assault. Allegan County District Judge Joe Skocelas heard testimony from the victim and her mother at a probable cause hearing before ordering Guy Byer, 42, to stand trial on one count of first-degree criminal sexual conduct and two counts of second-degree criminal sexual conduct. Police said they have not identified any other victims at the day care, at 3374 Smith Lane Drive, but said the 5-year-old was molested on more than one occasion. Police said the day care's state license has been suspended.

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Article published Feb 22, 2007

Knop case due in circuit court

By James Mitchell
STAFF WRITER

After a final adjustment to one of three felony charges, a Salem Township woman will stand before a Washtenaw County Circuit Court judge, charged with the attempted murder of her 6-year-old son.

During a final pre-trial hearing at district court last Thursday, Lori Gayle Knop, 35, entered a not guilty plea on charges stemming from October 2006. Prosecutors claim that Knop set the Salem Township home she was renting on fire in an attempt to kill her son.

Knop faces felony charges of attempted murder, arson, and fourth-degree child abuse, reduced from the original second-degree child abuse charge filed against her.

"The difference was whether or not the child suffered physically or psychologically," said Deputy Chief Prosecuting Attorney Steve Hiller. "It appeared that we would be unable to prove that was the case."

Still, Hiller said, the principal question of whether Knop started the fire that destroyed the rented home in an attempt to murder her son. If convicted, Knop faces life imprisonment.

Court-appointed defense attorney Loren Brown said testimony provided by the child's father prompted the revised child abuse charge, and that there was no evidence of serious injury.

Knop is scheduled to appear in Washtenaw County Circuit Court today for a pre-trial conference. Hiller said it was expected that a trial date would be set.

Knop and her son were the only residents of the rental home located north of Six Mile Road. Michigan State Police Det. Sgt. Fred Farkas said investigators believe Knop set the Oct. 20 fire at about 4 a.m. Friday and initially intended for her son to be killed in the fire.

"That's where assault with intent to commit murder comes from," Farkas said of the charge that was changed last week to attempted murder.

8-year-old caught behind wheel

Man charged with drunk driving, endangerment

By KAYLA GAHAGAN, DMG Writer

HOUGHTON — A Hancock man was arrested and charged with child endangerment and drinking and driving after Houghton County Sheriff Deputies responded to a possible drunk driver and discovered an 8-year-old driving the man's vehicle.

Anthony Alan Bickman, 42, was arrested Feb. 18 after a 6:24 p.m. report of a vehicle stuck in the ditch near Lake Avenue and Upper Pike River Road.

While deputies were traveling to the scene, they received a report that the vehicle was out of the ditch and northbound on Pike River Road, traveling at a slow speed and weaving all over the road, according to a sheriff's department press release.

The deputies stopped the vehicle and discovered that an 8-year-old was driving the vehicle.

The Houghton County Prosecutor's Office could not say whether the 8-year-old was Bickman's son, but did report that they had different last names. The child's name will not be released because he is a minor.

Bickman was arrested and transported to Houghton County Jail on charges of operating while intoxicated — third offense, which is a felony punishable by one to five years in prison.

The Houghton County prosecutor's office reported that Bickman was also charged with a misdemeanor count of child endangerment — permitting an unlicensed minor to drive, which is punishable by 90 days in jail; and a misdemeanor count of driving on a revoked/suspended/refused license, which is punishable by 93 days in jail. For the latter charge, it was Bickman's second offense, which is punishable by up to a year in jail.

The Sheriff's Department reported that Bickman is also being held on a misdemeanor charge in Green Oak County, Wis., failure to pay child support.

Bickman was arraigned in Houghton County District Court Tuesday afternoon on the charges and was remanded back to the jail, unable to post bond.

Bickman will be back in District Court March 1 at 9 a.m. for a preliminary examination. The case has been forwarded to Houghton County Child Protective Services.

Kayla Gahagan can be reached at kgahagan@mininggazette.com

February 21, 2007

HEALTH INSURANCE ISSUES EXAMINED FROM SEVERAL SIDES

Governor Jennifer Granholm's proposal to create a health care proposal to help cover low income individuals carries some risks with it, especially if fewer people than forecast sign up to participate, experts said on Wednesday at a seminar sponsored by the Michigan State University Institute of Public Policy and Social Research.

Meanwhile at another seminar sponsored by the University of Michigan a new proposal to cut hospitalizations by cutting the cost on certain critical prescriptions was outlined.

With health insurance – its cost, availability and the number of people without it – an ongoing issue and critical to both state policymakers and businesses, it was perhaps not too surprising that two seminars from two of the state's top universities were held on two different aspects of the issue at approximately the same time on Wednesday.

The [IPPSR program](#) looked more at the overall history and types of broad health insurance plans, Ms. Granholm's Michigan First plan specifically, and larger concerns of business, particularly small business, on health insurance.

At the University of Michigan seminar, the school pushed a health care reform program it says could save as many as 100,000 hospitalizations a year and cut employee absenteeism in half, according to a presentation by the UM Wolverine Caucus on Wednesday.

Rob Fowler of the Small Business Association of Michigan said at the [IPPSR seminar](#) that 90 percent of his members consider the cost and availability of health care insurance a top issue.

Research conducted by the state last year said that 60 percent of companies in the state do offer health insurance and that the primary reason the rest do not is cost.

But the research also showed that a number of businesses are considering dropping coverage because of cost. More troubling is that a growing number of businesses are less likely to consider having health insurance is important to having good workers, he said.

Traditionally businesses carried health insurance because they thought it was the right thing to do and that it helped recruit and retain good workers, Mr. Fowler said. Now the research indicates that 60 percent did not think that lacking health insurance was an impediment to recruiting workers, 61 percent thought not having insurance was not an impediment on retaining workers, and nearly 50 percent thought they could attract good workers without health insurance.

Mr. Fowler said he worried that there could be a building momentum among businesses that it would be okay to eliminate health insurance. He understood the connection between paying for the uninsured and the cost of health insurance generally, he said.

Robert Stampfly of MSU said that the Michigan First plan from Ms. Granholm would derive about half of its funding from the federal government, and that persons with incomes above 200 percent of the federal poverty could get access to the plan but their costs would not be subsidized.

But for the plan to work enough people must sign up for it, Mr. Stampfly said. If fewer people than expected enroll then individual costs would be driven up. That could also be true if the majority of people who sign up are the sickest potential applicants, he said.

New Mexico was forced to shelve its health care proposal when just a fraction of the individuals expected to join did so, he said.

Meanwhile, at the UM seminar it was said that major employers such as the university, Pitney Bowes and Blue Cross Blue Shield of Michigan are embracing the “value-based insurance design,” an approach of discounting drugs for conditions such as asthma, diabetes, heart disease and depression, hoping that by lowering costs, they will up patients’ adherence to their treatment plans, therefore preventing emergency care and worsening conditions.

“When their co-pays are \$40 or \$50, people are less likely to comply with taking their medications,” said Dean Smith, the director of the Center for Value-Based Insurance Design.

He and others in the project hope to encourage companies to spend smarter on health care by paying for the things that really make people healthier, things such as cancer and heart disease screenings in high risk individuals, and glaucoma screenings for diabetic patients.

The UM program gives a 50 percent discount on a list of generic drugs or 20 percent for their name brand counterparts.

Pitney Bowes claims to already have seen a savings of \$1 million over a two-year period, which it attributes to fewer emergency room visits. And the city of Asheville, North Carolina claims it cut absenteeism by half within four years of instituting a value-based program.

UM officials said that while companies may not see dollar amount savings right away, the goal of any health care program should be to improve health, not the bottom line.

Experts: Michigan First Could Face Pitfalls

MIRS, February 21, 2007

Here's a scary thought.

What happens if the federal government gives Gov. Jennifer **GRANHOLM**'s Michigan First healthcare plan the green light, and nobody but the sickest of the sick sign up? The costs of maintaining Michigan First could skyrocket, creating an upward spiral where more of the healthy working poor would need to sign up to financially stabilize the plan, but sky-high rates might chase them away.

The question may seem critical to the administration's plan to provide health insurance for estimated 550,000 (some sources claim its 200,000) who make too much money to qualify for Medicaid, but can't get insurance through their employer.

However, the doomsday scenario played out in New Mexico, where state officials figured 400,000 folks would sign up for the new health insurance plan, but only 4,000 did. The high costs of maintaining the plan for the mostly sick subscribers sent New Mexican officials back to the drawing board for ways to create a health care plan and a marketing plan that got folks signed up.

Robert **STAMPFLY**, the health policy advisor for the Institute for Health Care Studies at Michigan State University (MSU), shared this story with those attending the Institute for Public Policy and Social Research (IPPSR) forum this afternoon at the House Office Building. He suggested that when and if Michigan is ready to open the doors to its universal health care plan, it needs to quickly create an immediate and strong push to get people to sign up.

Tennessee also created a health insurance plan with an eye toward getting the state close to universal health coverage only to see initial subscribers drop off the plan when subscribers found it more expensive or the benefits not as comprehensive as what their employer was offering.

"New Mexico and Tennessee had these grandiose plans, that people were going to flock to them and that wasn't the case," said MSU Professor Harry **PERLSTADT**, who also spoke at today's forum, which was designed to give perspective on the on-going debate in Michigan over universal health care.

Department of Community Health's (DCH) Medicaid Director, Paul **REINHART** told a House panel today that working with the U.S. Department of Health and Human Services (HHS) about the proposed Michigan First plan consumed much of his work day. Since Granholm announced the push for Michigan First during her 2006 State of the State address, DCH had been working with the federal government to obtain a "1115 Waiver" so it can create a health care plan to insure the state's working poor.

DCH and HHS are still in negotiations, but DCH officials are hopeful they can obtain approval by April.

Today's panel spoke to the accomplishments and hurdles of other states and countries that attempted the same thing. Hawaii tackled any enrollment questions with its 1974 Health Plan by specifically targeting single mothers and requiring employers to offer health insurance to workers who put in 19 or more hours a week.

Enrollment isn't the other hurdle Michigan First will need to clear, however. The cost of the plan and the extent of coverage could determine whether the target market will actually be able to afford the plan.

In Massachusetts, for example, the original estimate was the plan would cost the average subscriber \$295 a month. But after special interest groups decorated the plan with those items it felt should be covered in a basic plan, it ended up being in the \$380-a-month range. The coverage may be nice, but who can afford it?

IPPSR Director Doug **ROBERTS** asked the question about whether the state is ready on the supply side of the equation. Does the state have enough nurses and doctors to handle an increase in caseload?

Another consideration is which health care insurer would administer Michigan First. Could anybody other than Blue Cross/Blue Shield of Michigan actually win a bid? If Blue Cross is the only insurer with the statewide coverage to compete for Michigan First, where is the incentive to keep its bid fiscally competitive?

Political considerations were talked about after the forum. With HHS Director Mike **LEAVITT** pushing more states to develop a universal health care system, would the department under Republican President George W. **BUSH**'s administration be quicker to approve plans put forward by "red states?"

The final panelist at the IPPSR seminar, Ron **FOWLER**, of the Small Business Association of Michigan (SBAM), noted that health care is a puzzle and no one piece will solve it. Taking care of catastrophic care is a piece. Taking care of the uninsured is a piece.

As officials attempt to sort it out, he questioned out loud whether a term-limited Legislature has the experience and the long-range interest to be a moderating force in the debate or if the interest groups will need to work out the details before coming to the Legislature with suggestions.



KALAMAZOO GAZETTE

A bipartisan approach to health care reform

Thursday, February 22, 2007

Health care costs are eating up the state budget, as well as private employers who provide health insurance and families without insurance.

While Gov. Jennifer Granholm is seeking federal waivers to get her Michigan First health care plan off the ground, state Senate Republicans, joined by some Democrats, are offering their own ideas for expanding health care in Michigan for low-income people without health care coverage, and for encouraging healthier lifestyles.

State Sen. Tom George, R-Texas Township, is also a physician. He has announced the introduction of a bill designed to tackle health care costs, according to an analysis from the Senate Fiscal Agency, in a number of ways:

- Use Medicaid funds to create incentives -- including expanded benefits and incentives involving premiums, co-pays -- for those who participate in health risk assessments and screenings, comply with medical treatment, attend scheduled medical appointments, participate in programs to quit smoking, exercise, get prenatal care and immunizations.
- Create pay-for-performance incentives for Medicaid health maintenance organizations that meet goals for increasing the number of patients who practice positive health behaviors.
- Provide financial support for electronic health records, which would include personal health records and web-based medical records.
- Ask, in any federal Medicaid waiver request, for the Michigan Department of Community Health to establish the incentives program.

But, wait, there's more. George said that this week additional health care proposals will be introduced:

- A resolution would encourage the governor to negotiate with state employees for health care incentives for healthy behaviors. Meanwhile, the Senate could include healthy behaviors incentives in its own health care coverage.
- If the federal waiver for Granholm's Michigan First plan is approved, legislation would allow private carriers to offer inexpensive health insurance that would cap annual benefits at between \$30,000 and \$50,000 a year. Although it wouldn't cover catastrophic medical treatment, it would cover more basic health care -- checkups, chronic illness treatment.
- Allow businesses bidding on state contracts to factor into their bids any costs related to employee health care coverage offering incentives for healthy behavior.
- Require schools to provide physical education in kindergarten through the fifth grade.
- Allow parents of grown children to continue to purchase health insurance for them, through the age of 26.

George said he has bipartisan support for MIHEART, which he said will dovetail with what Granholm is already working on with Michigan First. "We're not fighting her in this," he said.

Although some health care initiatives have stalled in the past, we hope that MIHEART will get a proper hearing.

If successful, many of the measures could chip away at many of the kinds of behaviors and lifestyles that make health care more expensive down the road.

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Can Michigan fill the health insurance gap?



Written by Eric Gallippo

Wednesday, 21 February 2007

A dozen or so volunteers gathered at the Care Free Medical Clinic in Mason on Saturday to help move the expanding practice into the building's second floor. A receptionist organized patient files in the new front office while Dr. Suzanne Saltman — who about two years ago co-founded the clinic with her husband, Barry — organized medical supplies in a closet. Joining them in the cleaning, sorting and moving was a group of college students, family members and patients.

With locations in Mason and Lansing, the Saltmans' nonprofit family health clinic serves about 4,000 people in Ingham County, most of them uninsured. The clinic also provides about \$800,000 in prescription medications to those who can't afford them.

With skyrocketing federal, state and municipal deficits, Dr. Barry Saltman said efforts like his clinic are necessary to take care of the state's 1.2 million uninsured residents. "It's got to be grassroots up," he said.



Care for all: Dr. Steve Dupuis examines Sean Denton at the Care Free Medical Clinic in Lansing. Denton started going to the clinic when he was between jobs and without health insurance. The clinic has about 4,000 regular patients. (Eric Gallippo/City Pulse)

Like Ingham County, 10 percent of Michigan residents are uninsured. Some are unemployed, but many work part time or for small businesses that don't offer health benefits. Most aren't old enough to qualify for Medicare or poor enough for Medicaid, falling into what is known in health care circles as "the gap."

In her 2006 State of the State address, Gov. Jennifer Granholm announced her plan to bridge the gap for about half of the state's uninsured. The governor's Michigan First

Health Care Plan would use federal money and redirected money from the state's Medicaid fund to offer affordable health care to 550,000 Michiganders. Granholm hopes to launch the plan April 1.

The governor's plan is a temporary fix that would only cover fewer than half of those without medical insurance. State officials say it is just the first step in providing universal health care for all Michigan citizens.

Not rich, not legally poor

One in seven Michigan residents relies on Medicaid for primary health coverage, said Paul Reinhart, the state's Medicaid director. The federal-and-state-funded program reimburses hospitals and doctors who treat patients who can't afford treatment. But being poor is not enough, Reinhart said — a patient must also be the right kind of poor.

A family of four earning less than \$20,650 is considered to be below the poverty level, according to the U.S. Department of Health and Human Services. Children of families earning less than \$41,300 qualify for Medicaid, but adults in the same family wouldn't qualify unless that household income fell to \$33,040 — hardly a comfortable income for four people, but not uncomfortable enough to qualify for government assistance.

"There's this huge gap of what we allow families to earn and cover for Medicaid," Reinhart said.

The Granholm administration hopes to close that gap by exercising a provision in the federal Social Security Act, which includes oversight of Medicaid programs. Under Section 115 of that act, the Department of Health and Human Services is allowed to let some states not follow parts of the act, Reinhart said, giving states the flexibility to use federal funding to help run state health care programs.

Granholm did just that in her first year in office, when she approached then-Health and Human Services Secretary Tommy Thompson, asking him for permission to spend federal health care funds on childless adults in Michigan. Thompson complied, and the resulting adult benefit waiver, which was granted in January 2004, allowed the state to extend benefits to 62,000 residents, Reinhart said. Three years later, Granholm hopes to expand that coverage to 550,000 Michigan adults who fall into the coverage gap, whether or not they have children.

What the state needs to do now is convince the federal government that it wouldn't cost it any more money. It's a tough sell, but Reinhart said it can be done if the state can demonstrate that providing the coverage would reduce the Medicaid rolls.

The state's pitch to Washington

To illustrate how this is feasible, Reinhart gives an example of a single mother of two Medicaid-eligible children who works part time in food service. In this situation, the mother's employer doesn't offer insurance, and she is earning about 180 percent above the federal poverty level, or \$30,906, making her ineligible for Medicaid. If the mother

should develop a health condition, Reinhart said she would likely cut back her hours, allowing her income to fall below 160 percent of the poverty level, or \$27,472, making her eligible for Medicaid.

“We don’t think she would do that if we cover her with a basic health care product,” Reinhart said.

Reinhart says 80 percent of the Medicaid caseload growth comes from poor families, and about \$8 billion is spent annually on Medicaid in Michigan. Fifty-six percent of that money is from federal funding, and 44 percent is from the state.

The expansion conversation with the Department of Health and Human Services has been going on for almost a year now, Reinhart said. State officials have tried to make the case that through managed care of Medicaid cases, Michigan has saved the federal government billions of dollars, which could then be used to fund the plans.

If the Granholm administration persuades Washington to provide the funds, Reinhart said he believes the state Legislature would approve the program.

The plan would cover preventive and primary care, including mental health, prescription fees and hospital care, said James McCurtis Jr., spokesman for the state Department of Community Health.

“The governor has always talked about universal health care,” McCurtis said. “This is a building block toward that.”

The plan would not be administered by any one insurance company, McCurtis said. Instead, insurance products and prices would be negotiated by a quasi-governmental entity overseen by the state and responsible for finding the best insurance rates available.

For enrollees between 100 and 200 percent of the poverty level, premiums and co-payments would be set on a sliding scale not to exceed 5 percent of their income.

Michigan is one of more than a dozen states pursuing some form of universal-style coverage for its residents. Massachusetts and Vermont have both enacted plans, and California has a proposal on the table. Harry Perlstadt, a sociology professor at Michigan State University, said the purpose of the plans is to cover residents who fall into the coverage gap.

Massachusetts requires residents to have health insurance much like motorists required to carry auto insurance, Perlstadt explained. Vermont employers must offer insurance to their workers or pay into a state health insurance pool.

California is looking to require all residents to carry health coverage and also pressure employers to offer coverage or pay in to the state program. The unique distinction in the

California plan, Perlstadt said, is that doctors and hospitals would be asked to pay back the state for some of the extra revenue they would generate.

Those left behind

Closer to home, Granholm's plan would still leave about 650,000 adults without health coverage. Saltman said that's where clinics like his would come in. When Care Free Medical opened, Saltman said it was serving about 100 patients. The day after a story about the clinic appeared in local media, Saltman said he received 150 phone calls from prospective patients and volunteers. Through financial donations from local hospitals, insurers and health organizations and the efforts of the Ingham Health Plan, Care Free Medical provides about 120 hours of doctor/patient care every week. By controlling existing medical conditions and offering late night hours three days a week, Saltman hopes to relieve local hospitals and keep medical costs lower.

"If there was a culture in which every person had access to primary care, I think we'd save a million dollars a year for the hospitals," Saltman said.

The clinic receives a lot of support from local businesses, medical schools, hospitals and former patients, but Saltman said he is frustrated by how many others don't do their part.

A local solution

About 3,300 of Ingham County's uninsured are enrolled in the Ingham Health Plan. The plan is not insurance, but is a benefit for the uninsured, said Robin Reynolds, executive director of the Ingham Health Plan Corp.

There are two separate plans within the plan: Plan A administers state-mandated coverage for low-income people eligible for the state's adult benefit waiver, which Granholm got approved in January 2004. Plan B is for those ineligible for the waiver or Medicaid, who are living at 250 percent or below the poverty level but cannot purchase their own insurance. A single person earning up to \$25,525 would qualify for Plan B.

The Ingham Health Plan covers about 1,800 people through Plan A and 1,500 under Plan B. Residents can enroll at neighborhood network centers throughout the county.

Another product offered by the Ingham Health Plan is Ingham Advantage, a health insurance product for small-business owners that splits the cost into thirds, with the Ingham Health Plan, employer and employee each paying about \$70 per month.

The idea is to get people hooked into primary care so when medical problems arise they are diagnosed sooner, Reynolds said. The benefit covers primary care, lab work and specialty care, but it does not cover inpatient hospital care.

If the Michigan First Health Care Plan is implemented, Reynolds said she hopes the state would consider using the Ingham Health Plan to administer the program, adding that

many other counties have used it as a model for their own, similar health plans.

Whether or not the state plan comes to fruition, Reynolds said the Ingham Health Plan hopes to fulfill its goal of providing access to affordable health care to all county residents by 2010.

Reynolds said she would be happy to see universal health coverage become a reality in Michigan before that time.



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Published February 22, 2007

Director of adolescent medicine is one of a kind

Grand Rapids doctor deals with young people - and llamas, chickens

By Terri Finch Hamilton
Associated Press

GRAND RAPIDS - People say once you meet Dr. Eugene Shatz, you'll never forget him.

He looks sort of like a friendly gnome, with his twirly mustache, long beard and dapper suspenders.

But he deals with some of life's most serious issues, from the anguish of adolescence to the horror of child sexual abuse.

His lighter side involves funky ties, a love of "Star Trek," sushi lunches and some unusual pets.

Vulnerable young people

Shatz, 60, director of adolescent medicine at DeVos Children's Hospital, treats some of the community's most vulnerable young people.

Every other Friday, he visits youngsters at the KidsFirst program at St. John's Home, the emergency shelter for abused and neglected kids in Kent County.

He treats teens in juvenile detention. Once a week, he's at the Children's Assessment Center in Grand Rapids, doing the delicate exams to tell if youngsters have been sexually abused.

He's been the doctor for hundreds of young Sudanese refugees who fled certain death in a civil war that claimed the lives of many of their parents - the "Lost Boys of Sudan." He'll see their homeland this month when he travels to Sudan with a group called Partners in Compassionate Care, set to build a hospital there.

"I don't know if I'll be running a clinic or hammering nails for a new hospital," he says. "It'll be an adventure for an old man."

Many different ages

In his adolescent-medicine practice at DeVos Children's Hospital, Shatz sees young people from



(Photo by Emily Zoladz/Associated Press)

Farmer, too: Dr. Eugene Shatz, shows off the single pet chicken on Jan. 11 at the Shatz farm in Rockford. Shatz, director of adolescent medicine at DeVos Children's Hospital in Grand Rapids, raised and killed 140 chickens for his daughter's wedding in the Upper Peninsula last October. He also raises llamas.

age 10 or 11 through age 21.

"We do zits, sports injuries, diabetes, asthma," he says, taking a break on a recent afternoon. "But we also handle, 'My dad's a drunk and sometimes he comes into my room at night and touches me where I don't want to be touched.' Or 'My boyfriend broke up with me and life isn't worth living anymore.'"

On the walls of his examining rooms are lots of pamphlets: "101 Ways to Make Love Without Doin' It," "Suicide and Depression: What You Need to Know," "50 Things You Should Know About Eating Disorders," "STDs and Oral Sex."

His young patients face a lot of stuff. Adolescence is filled with danger, he says - drugs, alcohol, premature sex, "crazy behaviors they don't see as dangerous."

He does a lot of listening. He makes a lot of promises - that what kids tell him stays in the room.

"They need to be assured they can tell us anything," Shatz says. "Kids have secrets. Nobody tells their parents everything." He smiles. "Sorry. But it's true. I tell parents if I break that arrangement, I'd break the bond I'm trying to form with that kid."

Exceptions

There are exceptions, he says, and he tells kids that.

"If you were shot or stabbed, I have to tell the police a crime was committed," he says. "If you're sad enough to hurt yourself, or angry enough to kill somebody - I can't let that happen. If you were abused, I have to tell, by law. And sexually transmitted infections, I have to report to the department of health."

Girls who want to be on birth control pills but not tell their mom?

"The last question I ask is, 'What will you do when your mom finds your pills?'" He smiles. "Moms ain't stupid. I tell them, 'Your mom is an important person in your life and needs to be part of this decision-making process. Your mom might be disappointed or worried or sad, but she won't kill you.'"

Shatz spends a half-day a week at the Children's Assessment Center, examining children who are suspected victims of sexual abuse.

The dark side

"It's the dark side of pediatrics," Shatz says quietly. "And it's going to walk into your office." He takes all of his residents there for a day, so they get a glimpse of how to treat these most vulnerable youngsters.

Rosalynn Bliss has seen Shatz do these exams many times. Director of the KidsFirst program at St. John's Home, she's a social worker who used to interview the children before Shatz did their physical exams. The two also worked together at DeVos Children's Hospital on the Child Protection Team.

"He has such a kind spirit," Bliss says. "The experience can be really frightening for kids. With Dr. Shatz, within minutes their breathing is more relaxed. They're laughing or smiling."

Thursday, February 22, 2007

Focus on real problems, not same-sex couples

As a married heterosexual mom, the continued attacks on same-sex couples infuriates me. Of all the important issues in this country - 46 million uninsured, 18 percent of children living in poverty, 10 percent high school dropout rate, an ecological crisis - the unrelenting attention on whether or not gay couples should marry, have kids or share health benefits only diverts us from the truly essential social issues. Critics of gay couples invoke the name of religion, but what happened to the essential religious principles of love, tolerance and compassion? It's time to stop picking on same-sex couples and to focus on the real social issues which threaten the well-being of our children and the future of our nation.

Katherine J. Gold, Ann Arbor

It's wrong to deny gay, lesbian protection

In response to Gary Gibson's letter attempting to say that cutting off health care benefits to partners and children of same-sex unions was somehow good for society. I say "Baloney! Rubbish!"

Gays and lesbians are active healthy citizens. They pay taxes, own homes, buy cars. Gays and lesbians also form loving, stable, long-term unions and families with children, just like everyone else. Often, their children have been discarded by others. These are families that should be held up and celebrated as the pinnacle of civil society, not held out for special exclusion or disdain. It's morally wrong for them to be denied equal opportunity and protection under the law. These families should be allowed to have equal access to all the legal rights, responsibilities and benefits of marriage. Their children should be allowed to have two parents to protect their children from the vagaries from hypocritical heterosexuals who claim to be better but still toss away children by the boat load.

Denying health care benefits to these people is never going to be in society's best interest, ever. That perverted perspective is based on a notion that allowing gays and lesbians to marry (civil marriage) would ruin "the sacred institution of marriage."

The 50 percent divorce rate shows that heterosexual marriage is a failure in our society. It hasn't been sacred for quite some time and it wasn't gays and lesbians who ruined it. Heterosexuals did. Our nation is best when everyone is included.

Lorie Thom, Ann Arbor



Agencies helping homeless get \$4.2 million in grants

Thursday, February 22, 2007

The Grand Rapids Press

GRAND RAPIDS -- Local agencies working to end homelessness in Grand Rapids were to receive about \$4.2 million in grants from the U.S. Department of Housing and Urban Development during a presentation today at the Salvation Army.

The annual funding to groups that include the city's housing commission, Dwelling Place and Community Rebuilders was to be announced by HUD Field Office Director Louis Berra, said Bob Schirado, coordinator of the Grand Rapids Area Coalition to End Homelessness.

The grant amounts are similar to past years, but Schirado said it's an achievement given the declining nature of government assistance.

"Many groups can't hold on to what they were getting and we're happy to say we're staying steady and continuing our goal," Schirado said.

The money will pay for existing programs, developmental projects and operating expenses.

Among the programs that will continue with this year's grants are a "Home at Last" mission that has workers from the city's housing commission and network180, the Kent County-based mental health and substance abuse treatment agency, courting addicts looking to change their lifestyle.

The support can last several years and provide a sound footing, Schirado said.

"It's destined to have a high success rate," he said. "The longer we can help to achieve stability, it takes off."

Community Rebuilders, a transitional housing agency, also will use money to get people struggling with finances the assistance they need to gain housing.

"This is meaningful money and we have to use it to our advantage," Schirado said.

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Violence against homeless people rising, study says

Florida saw most attacks in '06; Michigan had 5

February 22, 2007

BY JAMIE MALERNEE

SOUTH FLORIDA SUN-SENTINEL

FT. LAUDERDALE, Fla. -- Florida is the most dangerous state in the country for homeless people, with 48 attacks last year, about one-third of all attacks registered nationwide, according to an advocacy group's report.

The report also found that violence against homeless people is rising across the country. It was the second year Florida ranked first in the statistics compiled by the National Coalition for the Homeless.

Michigan had five attacks, one resulting in a death, the coalition reported.

The coalition's report, released Tuesday, cited 142 violent acts nationwide in 2006, compared with 86 in 2005. Last year's attacks involved 20 deaths, five rapes and six people set on fire.

The count, the highest since the group began compiling data in 1999, comprises only acts of violence perpetrated by non-homeless people. Information was obtained from media reports and advocacy groups.

Why Florida leads the nation is unclear. California has double the number of homeless people, yet it reported only 10 violent acts last year.

Jessica Schuler, a policy analyst with the coalition, said it is likely Florida does a better job of reporting injuries and deaths. She suggested the state may have experienced a rash of copycat crimes.

But she also said Florida cities had become increasingly unwelcoming to homeless people and that this could be sending a message that "perpetuates dehumanization."

Orlando recently made it illegal to feed groups of homeless people downtown without a permit. And in Sarasota, Fla., officials came under fire last year for a no-camping rule that makes it easy for police to arrest homeless people.

In Ft. Lauderdale, seven acts of violence against homeless people were reported last year. Only one U.S. city, Phoenix, reported more.

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Detroit News Letters

February 22, 2007

Shocking treatment

I couldn't have agreed more with the Jan. 18 column, "U.S. must do better for homeless, runaway gay teens" by Deb Price. I was shocked when I read that 40 percent of homeless youth are homosexual.

It disgusts me that in a place that is as privileged as the United States, that innocent youth would be turned away from first their homes and then some social service agencies and shelters.

Christy Grusnick

Clarkston

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Article published February 21, 2007

Aging out of foster care

MOST teenagers look forward to turning 18 and going to college or moving out on their own. But for many foster-care children, the prospect of becoming a legal adult is more intimidating than exciting.

Many of them have nowhere to go, no way to support themselves, and no one to help them figure out what to do with their lives.

American foster-care systems do the best they can to provide for children who must be away from their parents or families. But the systems have serious weaknesses, and among them is the increasing demand for them to do more to help the 20,000 children who "age out" of foster care every year and are no longer eligible - or welcome - to stay in foster homes.

If society forces these new young adults to fend for themselves, the social ills surrounding the issue will become more burdensome to society.

Most foster children do not finish high school. Most don't have jobs. Most don't have a home to call their own. Many have health problems and higher rates of arrest, and are more likely to depend on welfare than their peers of the same age who live with their own families.

Foster care focuses on providing safety and protection to its young charges. Many times they are taken out of their homes because they were being abused or neglected, or in danger of becoming such victims. And while foster care agencies provide for children's material needs, most do little or nothing to prepare them for adulthood.

Certainly some of the teenagers manage to get up on their own two feet by themselves. But that's not the norm. When most leave foster care, they walk into lives of uncertainty, destitution, and marginalization.

Among the efforts to bridge the gap between childhood and adulthood is New York's Children's Aid Society. It provides information on housing, education, jobs, health care, and legal matters. There are also attempts to put former foster care children in contact with an adult willing to provide direction and support.

In Michigan, Supreme Court Justice Maura Corrigan, a longtime champion of foster children, co-chaired a task force last year that was designed to come up with better ways to help foster teenagers who were aging out. But Michigan, Ohio, and other states need to do more.

Solving the problem will be an awesome, and perhaps expensive, task. But society owes these young adults. Their difficult beginnings were not of their making. If we don't help them now, their lives will be ruined, and in every way, the burden on society will increase.



Man sought protection from woman

FLINT

THE FLINT JOURNAL FIRST EDITION

Thursday, February 22, 2007

By Kim Crawford

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FLINT - One year before he was shot to death in his home, Tracy L. Frasier filed papers in Genesee County Circuit Court alleging that his ex-girlfriend and the mother of his baby daughter stood in his front yard, threatening to kill him.

"Sunday night at about 11:30 p.m. she came to my residence screaming in the middle of my front yard, threatening me, said she would kill before she sees me with another women (sic)," Frasier wrote in a request for a personal protection order. "My front door was locked and I would not open it for her."

In the application, Frasier said the incident happened on Feb. 19, 2006.

Fast-forward one year: Frasier, 32, was found dead Tuesday morning when a co-worker, concerned Frasier hadn't come to work or called in sick, went to his one-story bungalow at 3440 Brent Ave.

He was found with a gunshot wound to his head and an apparent bullet hole in the front door. His daughter, who had just turned 2, was unharmed in the house.

Flint police said Wednesday that they were looking for Frasier's ex-girlfriend, 35, for questioning.

A neighbor who knew Frasier and his girlfriend said there were incidents when the woman came back and caused trouble after the couple broke up.

"I can't tell you I remember exactly when they happened, but there were definite problems," said Bre Wilson. "Tracy didn't want her coming back around."

Frasier's request for a PPO, dated Feb. 24, 2006, alleged that his former girlfriend physically attacked him on Feb. 1, 2006, and then screamed a death threat against him 18 days later.

"She came through my front door and grabbed me by the throat (sic) and said she would kill me," he wrote.

Frasier noted he didn't report the incident to Flint police because a friend who was there at the time of the attack "talked me into leaving to his house for the night."

In the Feb. 19, 2006, incident, his girlfriend couldn't get in because he'd locked the door, so she screamed threats at him from his front yard. "My neighbors also witnessed it," Frasier wrote.

Frasier wrote that he and the ex-girlfriend had been together for about two years, but they had broken up in July 2005 when he decided to get try to get custody of their daughter.

The girl was then in foster care, as were the girlfriend's three other children. Her parental rights had been terminated because of allegations of drug use, alcohol abuse and neglect of her children.

At that time, the woman was working a late shift at a Coney island restaurant on Center Road in Burton.

Neighbors also said she worked as a dancer at strip clubs.

Frasier's brother, Todd of Macomb County, said family members were aware that the woman had threatened Tracy, but beyond that he declined to comment.

Ultimately, Tracy Frasier didn't get the PPO because Genesee Family Court Judge Michael J. Theile ruled the allegations were insufficient to support issuing one.

The court file ends with a paper noting that Frasier was notified by phone on March 3, 2006, that his request for a PPO had been denied.

Funeral arrangements for Frasier are being handled by Sharp Funeral Home in Grand Blanc Township.

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Families get help

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OTTAWA COUNTY -- The county's Community Action Agency will be distributing U.S. Department of Agriculture commodities to qualifying low-income families on Friday. Distribution sites include The Salvation Army, 104 Clover St. in Holland, 10 a.m. to 12:30 p.m.; St. Patrick's Catholic Church, 920 Fulton, Grand Haven, 10 a.m. to noon; Love INC. of Southeast Ottawa County, 3300 Van Buren St., Hudsonville, 1 to 3 p.m.; and Veterans of Foreign Wars Post 5598, 511 N. 68th Ave., Coopersville, 10 a.m. to noon. Details: Call 393-5619 or (800) 764-4111, ext. 5619. Recipients must meet eligibility requirements.

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State Programs Face Budget Cuts

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Tough budget times means deeper cuts to services provided by state agencies. One area being affected is a free tax program for those in need. The Department of Human Services normally provides funding for that program. The free tax help is provided by a statewide network of Michigan community action agencies. Last year, those agencies combined to help 17,000 low income tax filers find nearly 30-million dollars in tax credits and rebates.

Suzanne Kinney works in a nursing home. She's been squeezing by on \$17,000 a year. Not much money, especially after taxes, so when a free program helped her find tax credits and refunds to save \$1,200 in taxes, she kept coming back.

Suzanne Kinney, Lansing: "For me it's a lifesaver."

But funding for the free tax service offered by agencies across is being held up.

Ivan Love, Capital Area Executive Director: "We had \$51,000, now we have zero dollars to operate the program."

That's because the agency that funds that program is holding back funding in anticipation of deeper budget cuts.

Last year the Capital Community Action Agency says it helped about 2,200 low income people find between \$1,500 and \$3,000 in tax rebates and credits. That works out to about 3-million dollars in total savings.

Ivan Love is the Executive Director for the Capital Community Action Agency. He says, without the program, the states neediest are getting taxed more than they should.

Ivan Love: "In effect, for those families that aren't able or do not know about or have assistance with the tax refund, that's a major tax increase for these families."

The State Budget Office says, while the cut is hard, times are tough.

Greg Bird, State Budget Office spokesperson: "Just as were doing at state government or local government units and school districts, they're having to live with a little bit less funding during these tough budget times."

Unsettling news for people like Kinney, who doesn't have money to go to a tax filer.

Suzanne Kinney: "The news, it scares me and I think it's going to scare a lot of people."



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